HOLTON MANOR

638 NORTH BROAD STREET

ELKHORN 53121 Phone: (262) 723-4963 Ownership: Non-Profit Corporation Operated from 1/1 To 12/31 Days of Operation: 365 Highest Level License: Skilled Operate in Conjunction with CBRF? Operate in Conjunction with Hospital? No Title 18 (Medicare) Certified? Number of Beds Set Up and Staffed (12/31/02): Total Licensed Bed Capacity (12/31/02): Title 19 (Medicaid) Certified? 60 Yes Number of Residents on 12/31/02: Average Daily Census:

Services Provided to Non-Residents	Age, Sex, and Primary Diagn	Length of Stay (12/31/02)	%				
Home Health Care	No	Primary Diagnosis			응	Less Than 1 Year	35.2
Supp. Home Care-Personal Care	No					1 - 4 Years	44.4
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	7.4	More Than 4 Years	20.4
Day Services	No	Mental Illness (Org./Psy)	24.1	65 - 74	14.8	1	
Respite Care	No	Mental Illness (Other)	7.4	75 - 84	31.5		100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	46.3	* * * * * * * * * * * * * * * * * * *	*****
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	3.7	95 & Over	0.0	Full-Time Equivalent	t
Congregate Meals	No	Cancer	0.0			Nursing Staff per 100 Re:	sidents
Home Delivered Meals	No	Fractures	0.0		100.0		
Other Meals	No	Cardiovascular	20.4	65 & Over	92.6		
Transportation	No	Cerebrovascular	5.6			RNs	10.2
Referral Service	No	Diabetes	9.3	Sex	용	LPNs	4.6
Other Services	No	Respiratory	9.3			Nursing Assistants,	
Provide Day Programming for		Other Medical Conditions	20.4	Male	29.6	Aides, & Orderlies	32.1
Mentally Ill	No			Female	70.4	1	
Provide Day Programming for			100.0			I	
Developmentally Disabled	No	I		I	100.0	1	

Method of Reimbursement

		edicare			edicaid			Private Pay			Family Care			Managed Care						
Level of Care	No.	olo	Per Diem (\$)	No.	Ŷ	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	0/0	Per Diem (\$)	Total Resi- dents	Of
Int. Skilled Care	0	0.0	0	1	2.6	126	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	1.9
Skilled Care	4	100.0	255	36	92.3	109	0	0.0	0	11	100.0	135	0	0.0	0	0	0.0	0	51	94.4
Intermediate				2	5.1	92	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	2	3.7
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	4	100.0		39	100.0		0	0.0		11	100.0		0	0.0		0	0.0		54	100.0

HOLTON MANOR

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Admissions, Discharges, and	1	Percent Distribution	of Residents'	Condit	ions, Services, a	nd Activities as of	12/31/02
Deaths During Reporting Period	1						
					% Needing		Total
Percent Admissions from:		Activities of	%	As	sistance of	% Totally	Number of
Private Home/No Home Health	8.0	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents
Private Home/With Home Health	4.0	Bathing	0.0		68.5	31.5	54
Other Nursing Homes	5.3	Dressing	5.6		64.8	29.6	54
Acute Care Hospitals	76.0	Transferring	25.9		38.9	35.2	54
Psych. HospMR/DD Facilities	0.0	Toilet Use	16.7		40.7	42.6	54
Rehabilitation Hospitals	2.7	2			25.9	9.3	54
Other Locations	4.0 *	******	*****	*****	*****	*****	*****
Total Number of Admissions	75	Continence		용	Special Treatme	nts	ଚ
Percent Discharges To:		Indwelling Or Extern	al Catheter	7.4	Receiving Resp	piratory Care	11.1
Private Home/No Home Health	6.5	Occ/Freq. Incontinen	it of Bladder	64.8	Receiving Tra	cheostomy Care	0.0
Private Home/With Home Health	18.2	Occ/Freq. Incontinen	it of Bowel	42.6	Receiving Suc	tioning	0.0
Other Nursing Homes	5.2				Receiving Ost	omy Care	3.7
Acute Care Hospitals	20.8	Mobility			Receiving Tube	e Feeding	0.0
Psych. HospMR/DD Facilities	0.0	Physically Restraine	ed.	1.9	Receiving Mec	hanically Altered Da	iets 40.7
Rehabilitation Hospitals	0.0						
Other Locations	10.4	Skin Care			Other Resident	Characteristics	
Deaths	39.0			9.3	Have Advance	Directives	100.0
Total Number of Discharges	I	With Rashes		1.9	Medications		
(Including Deaths)	77				Receiving Psy	choactive Drugs	29.6

Selected Statistics: This Facility Compared to All Similar Urban Area Facilities & Compared to All Facilities

			ership:		Size:		ensure:				
	This	Non	profit	50	-99	Ski	lled	Al			
	Facility	Peer	Group	Peer	Group	Peer	Group	Faci	lities		
	ે	90	Ratio	엉	Ratio	olo	Ratio	olo	Ratio		
Occupancy Rate: Average Daily Census/Licensed Beds	88.3	92.2	0.96	88.5	1.00	86.7	1.02	85.1	1.04		
Current Residents from In-County	83.3	76.0	1.10	72.5	1.15	69.3	1.20	76.6	1.09		
Admissions from In-County, Still Residing	22.7	25.2	0.90	19.5	1.16	22.5	1.01	20.3	1.12		
Admissions/Average Daily Census	141.5	95.0	1.49	125.4	1.13	102.9	1.37	133.4	1.06		
Discharges/Average Daily Census	145.3	97.5	1.49	127.2	1.14	105.2	1.38	135.3	1.07		
Discharges To Private Residence/Average Daily Census	35.8	38.4	0.93	50.7	0.71	40.9	0.88	56.6	0.63		
Residents Receiving Skilled Care	96.3	94.3	1.02	92.9	1.04	91.6	1.05	86.3	1.12		
Residents Aged 65 and Older	92.6	97.3	0.95	94.8	0.98	93.6	0.99	87.7	1.06		
Title 19 (Medicaid) Funded Residents	72.2	63.8	1.13	66.8	1.08	69.0	1.05	67.5	1.07		
Private Pay Funded Residents	20.4	28.5	0.71	22.7	0.90	21.2	0.96	21.0	0.97		
Developmentally Disabled Residents	0.0	0.3	0.00	0.6	0.00	0.6	0.00	7.1	0.00		
Mentally Ill Residents	31.5	37.9	0.83	36.5	0.86	37.8	0.83	33.3	0.94		
General Medical Service Residents	20.4	23.0	0.88	21.6	0.94	22.3	0.91	20.5	0.99		
Impaired ADL (Mean)	54.1	49.9	1.08	48.0	1.13	47.5	1.14	49.3	1.10		
Psychological Problems	29.6	52.6	0.56	59.4	0.50	56.9	0.52	54.0	0.55		
Nursing Care Required (Mean)	8.3	6.3	1.32	6.3	1.33	6.8	1.22	7.2	1.16		